

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400884992

Date Received:

08/17/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

442799

## SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

### OPERATOR INFORMATION

Name of Operator: <u>XTO ENERGY INC</u>	Operator No: <u>100264</u>	<b>Phone Numbers</b>
Address: <u>382 CR 3100</u>		Phone: <u>(970) 675-4122</u>
City: <u>AZTEC</u>	State: <u>NM</u>	Mobile: <u>(970) 769-6048</u>
Zip: <u>87410</u>		Email: <u>jessica_dooling@xtoenergy.com</u>
Contact Person: <u>Jessica Dooling</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400880734

Initial Report Date: 08/06/2015      Date of Discovery: 08/06/2015      Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 21 TWP 2S RNG 97W MERIDIAN 6Latitude: 39.869660 Longitude: -108.288373Municipality (if within municipal boundaries): \_\_\_\_\_ County: RIO BLANCO

#### Reference Location:

Facility Type: OTHER ☒ Facility/Location ID No 435082☐ No Existing Facility or Location ID No.☐ Well API No. (Only if the reference facility is well) 05- -

#### **Fluid(s) Spilled/Released (please answer Yes/No):**

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

*Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

Were Five (5) barrels or more spilled? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): >0 and <1Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >0 and <1Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### **Land Use:**

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Clear, calm, drySurface Owner: FEEOther(Specify): XTO Energy

#### **Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):**

Waters of the State ☐ Residence/Occupied Structure ☐ Livestock ☐ Public Byway ☐ Surface Water Supply Area ☐

As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

During normal operations visual staining was noted in the area adjacent to the heater-treater skid load out on the Black Sulfur Tank Battery location. Preliminary investigation indicates historic impacts of produced water and condensate in soils adjacent to the heater-treater. Impacted soils will be removed and transported to an approved disposal/recycling facility and confirmation samples will be collected to verify COGCC Table 910-1 compliance. Additional information will be provided in the Form 19A.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
8/6/2015	Rio Blanco County	Mark Sprague	970-878-9584	voicemail

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 08/17/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL		0	<input type="checkbox"/>
CONDENSATE			<input checked="" type="checkbox"/>
PRODUCED WATER			<input checked="" type="checkbox"/>
DRILLING FLUID		0	<input type="checkbox"/>
FLOW BACK FLUID		0	<input type="checkbox"/>
OTHER E&P WASTE		0	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, <b>including walls &amp; floor regardless of construction material</b>, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): _____		Width of Impact (feet): _____	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
Initial delineation determined by visual and olfactory observation. Impacted soils were removed to a depth of 3 feet bgs, COGCC Table 910-1 compliance samples were collected (data pending). Additional impacted soils will be removed and COGCC Table 910-1 soil compliance samples will be collected if needed.			
Soil/Geology Description:			
Harve loam, 0-4% slopes			
Depth to Groundwater (feet BGS) <u>9</u>		Number Water Wells within 1/2 mile radius: <u>1</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>2078</u> None <input type="checkbox"/>	Surface Water <u>780</u> None <input type="checkbox"/>	
	Wetlands <u>780</u> None <input type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
	Livestock <u>792</u> None <input type="checkbox"/>	Occupied Building <u>792</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

**CORRECTIVE ACTIONS**

#1 Supplemental Report Date: 08/17/2015

Cause of Spill (Check all that apply) ☐ Human Error ☐ Equipment Failure ☒ Historical-Unknown  
☐ Other (specify) \_\_\_\_\_

Describe Incident & Root Cause (include specific equipment and point of failure)

Impacts from a historic release were identified during normal operations, possibly due to truck loading operations related to the heater-treater.

Describe measures taken to prevent the problem(s) from reoccurring:

Perform increased training of truck drivers on proper loading/loading operations and increase frequency of inspections to unloading equipment on trucks.

Volume of Soil Excavated (cubic yards): \_\_\_\_\_

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment  
☐ Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

### REQUEST FOR CLOSURE

**Spill/Release Reports should be closed when impacts have been remediated or when further investigation and corrective actions will take place under an approved Form 27.**

Basis for Closure: ☐ Corrective Actions Completed (documentation attached)  
☐ Work proceeding under an approved Form 27  
Form 27 Remediation Project No: \_\_\_\_\_

### OPERATOR COMMENTS:

\_\_\_\_\_

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Jessica Dooling  
Title: Piceance EHS Supervisor Date: 08/17/2015 Email: jessica\_dooling@xtoenergy.com

### COA Type Description

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### Attachment Check List

Att Doc Num	Name
400884992	FORM 19 SUBMITTED
400885141	SITE MAP

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date
Agency	Provide additional data indicating cleanup to Table 910-1 standards in a Supplemental F-19. If initial cleanup efforts do not attain 910-1 standards, submit an assessment and remediation plan via F-27.	8/17/2015 9:57:09 AM

Total: 1 comment(s)